

CFBHPP Committee

Meeting Summary Henrico CSB – Conference Room C Glen Allen April 13, 2006

I. Welcome and Introductions – Fran Gallagher

Fran called the meeting to order and welcomed committee members. Committee members introduced themselves. Motion to accept the meeting summary Sandy made the motion; Don Roe seconded the motion to approve.

II. Updates (General Assembly, pilots, detention centers) – Shirley Ricks

Shirley welcomed Malcolm to the OCFS. The Governor's budget has not been approved but the Department is moving forward with the planning for the Transformation Initiative. The Transformation Initiative includes \$1 million for SOC, one urban and one rural, intent of the projects is to encourage collaboration with CSA. Detention Centers, funding for 7, competitive grants, \$1 million planned, some of the funding will be used for existing projects, intent is there will funding for 15 detention centers. Part C funding \$2.5 million allocated based on the average 3-year child count. \$1 million for Medicaid match to cover special instruction, \$500,000 for regional initiatives and emergency needs. Will there be an RFP meeting for applicants? Technical assistance will be available from the Part C Office to assist localities in developing regional proposals. Will copies of winning proposals be available to other localities? Information about successful applicants and contact information will be available upon request. Transformation Initiative information will be posted on the Department's website. The Department is forming a workforce council and asked Shirley to identify individuals to serve on the council. The council will involve a two-year commitment with the purpose to address workforce issues. Since workforce issues exist with children's services, representatives from various committees working on children's issues have been tapped to speak to them.

III. Presentation – Adolescent SA and Project TREAT

Madeline Dupre
Malcolm King
Martha Kurgans

Important points from the presentation about SA and Project TREAT:
(Please refer to handouts for more detail.)

- ❑ SA and addiction one of the biggest health problems in this country.

- ❑ Literature shows that the number one reason for visits to the ER is alcohol and drug abuse.
- ❑ SA exists on a continuum; majority of adolescents who have problems with drugs would meet criteria for substance abuse.
- ❑ SA is associated with specific problems, at home, school, at the stage of abuse; individuals have control over abuse and can change patterns of abuse. A difference exists with addiction; individuals do not have control over their addiction.
- ❑ Addiction is a chronic disease. It needs treatment as a disease and not as secondary to some other issue. Chronic use fundamentally changes the way the brain works. Addiction goes through stages and symptoms get worse over time.
- ❑ Adolescent use of inhalants and pain medication has increased.
- ❑ Children with FASD are often misdiagnosed as children with ADHD.
- ❑ Addiction is a family disease, affects children in multiple ways.
- ❑ The impact of SA on the juvenile justice system; 70% of juveniles committed to the juvenile justice system have SA.
- ❑ In 2005: 90,790 intake complaints, 2.5% alcohol complaints, 5.8% illicit drugs, does not take into account youth using alcohol and drugs, these are youth coming into the system, does not take into account youth on probation.
- ❑ What the numbers don't tell us: generational criminality, points out the importance of treating the family as well as the youth. Children coming into the system suffer from post traumatic stress disorder and fear of death and dying by violent means.
- ❑ Adolescents present challenges for treatment. There are differences between how adolescents use drugs and adults use drugs, there are differences between how adolescent females and males use drugs. All of these differences impact how to approach treatment for adolescents related to age, development, etc. The family role is very critical as part of the treatment and treatment should be responsive to children's needs.
- ❑ CSB services vary from locality to locality. There are no publicly funded residential SA programs. There are two private residential facilities that offer SA programs. There are no residential programs for co-occurring problems.
- ❑ DMAS and DMHMRSAS developing guidelines for funding for SA services through EPSDT.
- ❑ Presented a brief overview of Project TREAT. This is an infrastructure grant to support the provision of SA services.

IV. Update – State Facilities Subcommittee Meeting – March – Don Roe

This committee is to map out the future for the Department regarding Southwest Mental Health Institute and the Commonwealth Center. Feedback from the Child and Family Task Force and other constituencies about the services provided. Also discussed were issues from the private sector. The task is to answer ten questions;

who do the facilities serve, how well are they being served, looking at outcome data, other questions about public state facilities services, the role of facilities in SOC, the role of private providers, what outcome indicators are needed and plan for transitioning beds to new facilities. The next meeting is scheduled for April 28 at the Commonwealth Center in Staunton. Any changes in these facilities will impact DOE. The committee is looking for more families who have experienced services either at the Commonwealth Center or Southwestern. The goal is to write a report generated from the information gathered. Report due in June. At the Child and Family Council Task Force point was made that these beds are needed since the private sector is not accepting these children and if these beds were not available, these children would need out-of-state placement. Referrals are up in the court system and CSBs. Central Virginia has served the same number of children in the first 4 months of 2006 then all of the children served in 2005. State facilities are the only safety net. Child and Family Task Force will survey CSBs to determine the extent of need regarding the bed need in the state.

V. Update – Juvenile Justice Subcommittee – Kay Frye

Committee met in March and drafted four recommendations:

1. Provide behavioral health services in all twenty-four juvenile detention centers.
2. Insure the delivery of behavioral health services to juveniles transitioning from juvenile correctional centers and post-dispositional detention programs to less restrictive settings in communities.
3. Recommends the Commissioner of DMHMRSAS, Director of DJJ, and Director of DOE conduct a feasibility study to determine whether a secure psychiatric inpatient treatment program for adolescents should be established.
4. Collaborate with DMAS to develop policies so that when children and adolescents are admitted to public institutions, their Medicaid benefits are “suspended” rather than terminated.

VI. Update – Expanding Innovative Community Services – Pat Haley

Brief overviews of SLAT and 330F were presented. Much discussion about innovation and creativity including what would it take to assist communities in developing systems of care, looking at children without regard to whether they are mandated or non-mandated, etc. The task force is ready to work on developing a pilot proposal, evaluating who is doing it well; Hampton and Norfolk were identified as model communities with a system of care. The committee also discussed FMAS funding flexibility, identifying how flexible pool and CSA funds can be efficiently utilized. The group asked for information on flexible funds, restrictions on funding and what funds are available. All of these factors will be considered in selecting models and funding that can

be utilized toward a goal of statewide implementation and supports a seamless system of care.

Committee members also received a handout that was the strategic plan for CSA.

VII. Update – VA INFO – Fran Gallagher

Committee heard an update about the First Annual Statewide VA INFO conference. Dr. Adolph Brown will be the keynote speaker. Purpose of the conference is to enhance family involvement; several breakout sessions will focus on policy and service delivery issues, continuum of services from early intervention to school to transition to adulthood, evidence based programs, looking at strategies for sharing infrastructure to expand resources, overview of Medical Home Plus, etc. Several organizations are sponsoring this conference. Using the support of organizations to eliminate barriers that will allow families to participate in the conference. There will be a three-hour session for physicians on linking primary care with mental health.

VIII. Discussion – Strategic Plan – Fran Gallagher

- i. Goal 1
- ii. Goal 2
- iii. Goal 3
- iv. Priority recommendations that don't require funding
- v. Priority recommendations that do require funding

Relevant points from the discussion:

- ❑ There were questions about the development of the strategic plan related to outcomes vs. measures and overall questions about the format for the report.
- ❑ Follow-up contact with DOE to determine the types of data available about children receiving homebound instruction, kids with an IEP who are on homebound instruction and not expelled, and the number of children who are expelled and do not have IEPs. Is there data available about the number of children who go through the re-entry program for children transitioning back into school?
- ❑ How are we going to measure success, for example children will be equitably served, how will this be measured.
- ❑ Interventions are well written.
- ❑ Recommendations will be prioritized for this year.
- ❑ There is general consensus about the three goals, they need to be fine-tuned and re-written and the suggestion was made for Kim to bring the goals to the May 5th meeting for the purpose of sharing the goals with Mark Friedman.

IX. Adjourn

The meeting was adjourned. Immediately following this meeting, the writing committee met to continue work on the 2006 report.